

Youth Work In Trades – Training Plan

Plumber

Please circle the appropriate course designation: **11A** **11B** **12A** **12B**

Student Name: _____ Grad Year: _____

Employer Name: _____ School: _____

Trade Specific Duties, Tasks:	Will observe	Will perform with assistance	Will perform	N/A
<ul style="list-style-type: none"> • Read and understand: <ul style="list-style-type: none"> ○ Drawings and specifications ○ Codes, regulations, and standards ○ Manufacturer and supplier documentation • Prepare, assemble, and install plumbing components (e.g., pipes, valves, fittings) • Penetrate structures 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tools, Equipment, Machinery Used:	Will observe	Will perform with assistance	Will perform	N/A
<ul style="list-style-type: none"> • Personal protective equipment • Hand tools (e.g., level, shovel, wrenches) • Portable power tools (e.g., drills, saws, rotary hammer drill) • Stationary power tools (e.g., threading machine) • Measuring and leveling tools • Cutting, brazing, and soldering equipment • Ladders and platforms • Rigging and hoisting equipment 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employability Skills Checklist (please check appropriate skills below):		
Fundamental Skills	Personal Management Skills	Teamwork Skills
<input type="checkbox"/> Communicate <input type="checkbox"/> Manage Information <input type="checkbox"/> Use Numbers <input type="checkbox"/> Think & Problem Solve	<input type="checkbox"/> Demonstrate Positive Attitudes & Behaviors <input type="checkbox"/> Be Responsible <input type="checkbox"/> Be Adaptive <input type="checkbox"/> Learn Continuously <input type="checkbox"/> Work Safely	<input type="checkbox"/> Work with Others <input type="checkbox"/> Participate in Projects & Tasks

Student: _____ **Date:** _____
Print Signature

Supervisor: _____ **Date:** _____
Print Signature

School TNT Coordinator: _____ **Review Date:** _____
Print Signature

District TNT Coordinator: _____ **Review Date:** _____
Print Signature